



Memorial Sloan-Kettering  
Cancer Center

Physician Billing Department

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL  
646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE  
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

HELEN S KAHANER  
20 HARROGATE DRIVE  
HILTON HEAD ISL, SC 29928



PATIENT: HELEN S KAHANER		MRN: 35156600	
MAKE CHECK PAYABLE TO: PHYSICIAN BILLING DEPARTMENT			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> OTHER CARD			
CHARGE #	TO CREDIT CARD #		
SIGNATURE	EXP DATE:		
STATEMENT DATE	DUE DATE	AMOUNT YOU OWE	AMOUNT ENCLOSED
11/24/07	12/09/07	\$2771.14	\$

MAIL PAYMENT TO:

PHYSICIAN BILLING DEPARTMENT  
PO BOX 26352  
NEW YORK, NY 10087-6352

☐ PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS  
CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

## STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600  
PATIENT NAME: HELEN S KAHANER

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL  
646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE  
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS  
AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE  
CLAIMS AND PAYMENTS.

CHARGES	INVOICE NUMBER: 13066057	PAYMENT ACTIVITY
PROVIDER: NANCY ROISTACHER MD CARDIOLOGY GROUP		02/26/07 TOTAL CHARGES \$40.00
02/26/07 EKG, INTERPRETATION AND REPORT ONLY ..... \$40.00		02/26/07 INSURANCE CO. PAID \$0.00
TOTAL CHARGES: \$40.00		02/26/07 PAYMENT FROM INSURANCE \$0.00
		AMOUNT YOU OWE \$0.00
		02/26/07 TOTAL CHARGES \$55.00
PROVIDER: TUNC A IYRIBOZ MD RADIOLOGY GROUP	INVOICE NUMBER: 13066898	02/26/07 INSURANCE CO. PAID \$0.00
02/26/07 PRE-ADMISSION CHEST LATERAL/FRONT ..... \$55.00		02/26/07 PAYMENT FROM INSURANCE \$0.00
TOTAL CHARGES: \$55.00		AMOUNT YOU OWE \$0.00
		03/09/07 TOTAL CHARGES \$45.00
PROVIDER: ROBERT T HEELAN MD RADIOLOGY GROUP	INVOICE NUMBER: 13103689	03/09/07 INSURANCE CO. PAID \$0.00
03/09/07 CHEST SINGLE VIEW FRONTAL. .... \$45.00		03/09/07 PAYMENT FROM INSURANCE \$0.00
TOTAL CHARGES: \$45.00		AMOUNT YOU OWE \$12.15

CONTINUED ON REVERSE SIDE ...

GUARANTOR/ADDRESS CHANGES							
PATIENT NAME				GUARANTOR NAME (IF NOT SAME AS PATIENT)			
STREET ADDRESS, APT #							
CITY		STATE / PROVINCE		POSTAL CODE		COUNTRY	
EMPLOYER						WORK PHONE NUMBER	
EMPLOYER STREET ADDRESS				CITY		STATE ZIP CODE	
INSURANCE CHANGES - PRIMARY				INSURANCE CHANGES - SECONDARY			
INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO		INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO	
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH		SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE		I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	
MAILING ADDRESS FOR CLAIMS				MAILING ADDRESS FOR CLAIMS			
CITY		STATE ZIP CODE		CITY		STATE ZIP CODE	

\*\*\* IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE \*\*\*

## STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

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MEDICAL RECORD # 35156600  
PATIENT NAME: HELEN S KAHANER

CHARGES		INVOICE NUMBER: 13131689
PROVIDER: SAMSON W FINE MD PATHOLOGY GROUP		
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM .....	\$300.00	
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM .....	\$300.00	
03/09/07 DECALCIFICATION PROCEDURE .....	\$20.00	
03/09/07 LEVEL IV-GROSS AND MICROSCOPIC EXAM 5 UNIT[S] .....	\$750.00	
<b>TOTAL CHARGES: \$1370.00</b>		
CHARGES		INVOICE NUMBER: 13220113
PROVIDER: HARRY W HERR MD UROLOGY GROUP		
03/09/07 NEPHRECTOMY, PARTIAL .....	\$11865.00	
03/09/07 ULTRASOUND, INTRAOPERATIVE .....	\$500.00	
<b>TOTAL CHARGES: \$12365.00</b>		
CHARGES		INVOICE NUMBER: 13243203
PROVIDER: PAUL H DALECKI MD ANESTHESIOLOGY GROUP		
03/09/07 KIDNEY, URETER SURG 235 MINUTES.....	\$2990.00	
<b>TOTAL CHARGES: \$2990.00</b>		

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**STATEMENT OF PHYSICIAN SERVICES**

(STATEMENT DATE: NOVEMBER 24, 2007)

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MEDICAL RECORD # 35156600

PATIENT NAME: HELEN S KAHANER

INVOICE NUMBER: 13710980		PAYMENT ACTIVITY	
<b>CHARGES</b>		09/27/07 TOTAL CHARGES \$585.00	
PROVIDER: ARTHUR A FRUAFF MD RADIOLOGY GROUP		09/22/07 INSURANCE CO. PAID \$526.50	
09/27/07 CT ABDOMEN W/CONTRAST. .... \$305.00		10/31/07 PAYMENT TO SUPPLY CONTRACT ASSN. \$0.00	
09/27/07 CT PELVIS W/CONTRAST. .... \$280.00		AMOUNT YOU OWE \$0.00	
TOTAL CHARGES: \$585.00			
INVOICE NUMBER: 13722902		PAYMENT ACTIVITY	
<b>CHARGES</b>		10/01/07 TOTAL CHARGES \$85.00	
PROVIDER: HARRY W HERR MD UROLOGY GROUP		07/01/07 INSURANCE CO. PAID \$0.00 (A)	
10/01/07 OFFC VST, EST PAT, LVL 2 ..... \$85.00		07/01/07 PAYMENT TO SUPPLY CONTRACT ASSN. \$0.00 (B)	
TOTAL CHARGES: \$85.00		AMOUNT YOU OWE \$0.00	

YOUR ACCOUNT IS NOW IN OUR IN-HOUSE COLLECTION UNIT. PLEASE REMIT PAYMENT BY THE DUE DATE TO AVOID FURTHER COLLECTION EFFORTS.  
YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07. PAYMENTS RECEIVED BEFORE 12/31/07 MAY BE TAX DEDUCTIBLE.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 12/09/07
\$2796.85	\$25.71	\$2771.14